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(Date of Deposit)

PATRICIA ORTA

Name of applicant, assignee, or Registered Rep.

Patricia Orta

Signature

Date

63-11607A

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:

Ungchusri, et al..

Serial No.: 08/742,520

Filed: November 1, 1996

For: STEP BEARING RACE SWIVEL
JOINT ASSEMBLY

RECEIVED

JUL 02 1997

GROUP 3500

Group Art Unit: 3501

Examiner: H. Shackelford

FMC Corporation
Intellectual Property Law Dept.
1735 market Street
Philadelphia, PA 19103

Honorable Commissioner of Patents
and Trademarks
Washington, DC 20231

AMENDMENT

In response to the Office Action mailed on March 17, 1997, please amend the above-identified application as follows:

In the Drawings:

Enclosed is a proposed drawing amendment showing changes to Figure 3 in red ink. The Examiner's approval of the amendment is respectfully requested.

In the Specification:

On page 2, beginning at line 16, delete the paragraph beginning, "Figure 3 is a . . ." and insert therefor the following two paragraphs:

F

Gp. 3501

18/11-97
M.P.
8/11-97



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MC Corporation
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1735 Market Street
Philadelphia, PA 19103

Patricia Orta
(typed or printed name of person mailing paper or fee)
Patricia Orta
(signature of person mailing paper or fee)

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AMENDMENT TRANSMITTAL LETTER					ATTORNEY'S DOCKET NO. 63-11607A	
SERIAL NO. 08/742,520	FILING DATE 11/01/96	EXAMINER H. Shackelford			GROUP ART UNIT 3501	
INVENTION STEP BEARING RACE SWIVEL JOINT ASSEMBLY						
TO THE COMMISSIONER OF PATENTS AND TRADEMARKS: Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below						
CLAIMS AS FILED						
(1)	(2) CLAIMS REMAINING AFTER AMENDMENT	(3)	(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) NO. OF EXTRA CLAIMS PRESENT	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	* 12	MINUS	20 =	0	X \$22.00	\$0
INDEP. CLAIMS	* 4	MINUS	*** 3 =	0	X \$80.00	\$0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM \$260.00						0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$0
<p>*If the entry in column 2 is less than the entry in column 4, write "0" in column 5. **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space. ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.</p> <p><input checked="" type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> Charge \$ _____ to Deposit Account No. 06-1440. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> Please charge any additional fees which may be required by this amendment, or credit overpayment to Deposit Account No. 06-1440.</p> <p>A duplicate copy of this sheet is enclosed</p> <p>June 10, 1997 Date</p> <p><u>Henry C. Query, Jr.</u> Reg. No.: 35,640</p>						